

RULEMAKING NOTICE FORM

Notice Number _____

Rule Number _____

Ph 401.02, Ph 1303.02

1. Agency Name & Address: Board of Pharmacy 121 South Fruit Street Concord, NH 03301	2. RSA Authority: RSA 318:5-a I, II, VII 3. Federal Authority: _____ 4. Type of Action: Adoption _____ Amendment _____ Repeal _____ Readoption _____ Readoption w/amendment <u> X </u>
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5. Short Title: **Pharmacist Renewal Fees And Fee For Immunization Administration**

6. (a) Summary of what the rule says and of any proposed amendments:

The rule describes the pharmacist renewal application contents, filing deadline, and associated fees. In Ph 401.02 it reinserts expired paragraphs (a) and (b), amends paragraph (c) and adds new paragraphs (d) and (e). It also describes the portion of the fee used to cover the yearly enrollment cost for the new impaired pharmacist program required per RSA 318:29-a, VI (b) as to be amended effective 1-1-15. It will raise the renewal registration fee for pharmacists from \$100 to \$125 for registered pharmacists and from \$100 to \$135 for registered pharmacists with vaccine administration authority (to be identified as a Pharmacist-Immunizer). It also institutes a fee for the processing of the initial application to be allowed to administer vaccines in Ph 1303.02 (a)(7).

6. (b) Brief description of the groups affected:

This will affect all registered pharmacists in New Hampshire. Pharmacist license fees will increase from their current rate of \$100 to \$125 or \$135 depending on whether or not they are a Pharmacist-Immunizer. Part of this increase (\$15) is to cover the yearly enrollment cost for the new impaired pharmacist program required per RSA 318:29-a, VI (b) as to be amended effective 1-1-15.

6. (c) Specific section or sections of state statute or federal statute or regulation which the rule is intended to implement:

Rule	Statute Implemented
Ph 401.02 (a)(b)	RSA 318:25
Ph 401.02(c)(d)	RSA 318:5-a, VII and RSA 318:16-b, IV
Ph 401.02(e)	RSA 318:29-a, VI (b)
Ph 1303.02	RSA 318:5-a,III and RSA 318:16-b, IV

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7. Contact person for copies and questions including requests to accommodate persons with disabilities:

Name: **Robert Stout**

Title: **Board Vice President**

Address: **Board of Pharmacy
121 South Fruit St
Concord, NH 03301**

Phone #: **603-271-2350**

Fax#: **603-271-2856**

E-mail: **rjstoutrph@comcast.net**

TTY/TDD Access: Relay NH 1-800-735-2964
or dial 711 (in NH)

8. Deadline for submission of materials in writing or, if practicable for the agency, in the electronic format specified: **November 19, 2014 at the end of the public hearing.**

☒ Fax

☒ E-mail

☒ Other format (specify): Mail

9. Public hearing scheduled for:

Date and Time: **November 19, 2014 – 9:00 A.M. to 12:00 Noon**

Place: **Board of Pharmacy
121 South Fruit St
Concord, NH 03301**

10. Fiscal Impact Statement (Prepared by Legislative Budget Assistant)

FIS # **14:141** , dated **9/25/14**

11. Statement Relative to Part I, Article 28-a of the N.H. Constitution:

These rules do not violate Part I, Article 28-a of the New Hampshire Constitution. This proposal is not an unfunded mandate to any political subdivision. The rules are in place to register pharmacy technicians who practice in New Hampshire and further define their responsibilities and duties. They do not apply to any political subdivisions.

Readopt with amendments Ph 401.02, previously effective 2-5-96 (Document #6181-B), as amended effective 2-1-99 (Document #6933), and expired 2-5-04 in paragraphs (a) and (b), as amended effective 3-26-05 (Document #8316), as amended effective 4-25-08 (Document # 9139-B), and expired 3-26-13 in paragraphs (a) and (b), to read as follows:

Ph 401.02 Renewal Application Contents and Filing Deadline.

Ph 401.02 Renewal Application Contents and Filing Deadline.

(a) Applications for renewal of a license to practice pharmacy in New Hampshire under RSA 318 shall be made on a Pharmacist Licensure Renewal Form Ph A-2.

(b) Each applicant shall provide the following on Form Ph A-2 regarding himself/herself:

- (1) Name, residence address, home telephone number, original pharmacy license, and date of birth;
- (2) Name of current employer, address of employment site, hours worked per week;
- (3) Record of charges, convictions, indictments for violations of Federal, State, local drug or pharmacy related law or regulations;
- (4) Current licensure in other states;
- (5) Report of continuing education; and
- (6) Applicant's signature and date.

(c) With the exception of authorized immunizing pharmacists per the provisions of section Ph 1300, which have the combined renewal fee is noted below in section (d), the application and the prescribed fee of \$400 125 shall be filed with the board no later than the 15th day of December each year. Each licensee shall obtain and file his or her application for license renewal prior to this date.

(Ph 1303.02

(d) The renewal fee for pharmacists which are authorized immunizing pharmacists shall be \$135, which includes a fee for the immunization endorsement on their pharmacist license.

(e) Per the provisions of RSA 318:29-a, VI(b), \$15 of each pharmacist renewal fee noted in sections (c) and (d) above, shall be used to fund the impaired pharmacist program.

Readopt with amendment Ph 1303.02, effective 9-8-12 (Document #10185), to read as follows:

Ph 1303.02 Application.

(a) A pharmacist who seeks to engage in the administration of vaccines shall provide the following on a "Pharmacist Administration of Vaccines Application" as specified in RSA 318:16-b, IV:

- (1) The pharmacist's name and license number;
- (2) The pharmacist's business and home address;

- (3) A copy of the current certificate of insurance from the pharmacist's professional liability carrier indicating that the pharmacist maintains insurance coverage that complies with RSA 318:16-b, II;
- (4) A copy of the certificate of training as required by RSA 318:16-b, III;
- (5) A copy of the current CPR certification;
- (6) An indication that the information provided on or with the application is true, correct, and complete to the best of the pharmacist's knowledge and belief; ~~and~~
- (7) An application fee of \$25.00; and**
- (8) ~~(7)~~ The signature of the pharmacist and the date signed.**

Appendix

Rule	Statute Implemented
Ph 401.02 (a)(b)	RSA 318:25
Ph 401.02(c)(d)	RSA 318:5-a, VII and RSA 318:16-b, IV
Ph 401.02(e)	RSA 318:29-a, VI (b)
Ph 1303.02	RSA 318:5-a,III and RSA 318:16-b, IV